



**CRIMINAL JUSTICE PROGRAMS DIVISION  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

P.O. BOX 419047  
RANCHO CORDOVA, CALIFORNIA 95741-9047  
(916) 323-2280  
FAX: (916) 324-9179



May 11, 2004

TO: **PROJECT MANAGERS AND PROJECT DIRECTORS  
SERIOUS HABITUAL OFFENDER (SHO) PROGRAM**

SUBJECT: **REQUEST FOR APPLICATION (RFA)**

The Governor's Office of Emergency Services, Criminal Justice Programs Division (CJPD) is pleased to announce the release of the Serious Habitual Offender (SHO) Program Request for Applications (RFA). The CJPD anticipates an allocation level of \$137,000 for State Fiscal Year 2004/2005. Because of prior reductions in the funding for this program, the grant award period has been reduced to a 6-month cycle beginning July 1, 2004 and ending on December 31, 2004.

The due date for submission of the application is **Thursday, June 17, 2004**. Instructions for mailing the application are included in the RFA.

If there are any questions, please contact the Gang Violence and Counter Drug Procurement Section at (916) 322-9228, or by email [Theresa.Roy@oes.ca.gov](mailto:Theresa.Roy@oes.ca.gov).

Sincerely,

GINA BUCCIERI-HARRINGTON, Chief  
Gang Violence and Counter Drug  
Procurement Section

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**SERIOUS HABITUAL OFFENDER PROGRAM  
REQUEST FOR APPLICATION**



**May 2004**

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**SERIOUS HABITUAL OFFENDER PROGRAM  
REQUEST FOR APPLICATION**

**TABLE OF CONTENTS**

**I. INFORMATION**

A. INTRODUCTION.....	1
B. CONTACT INFORMATION.....	1
C. APPLICATION DUE DATE .....	1
D. ELIGIBILITY .....	2
E. FUNDING CYCLE AND DURATION .....	2
F. PROGRAM INFORMATION .....	2
G. PREPARING AN APPLICATION .....	4

**II. INSTRUCTIONS**

A. THE PROJECT NARRATIVE .....	5
1. Problem Statement.....	5
2. Plan and Implementation.....	5
B. THE PROJECT BUDGET .....	8
1. The Budget Narrative .....	8
2. Specific Budget Categories .....	9
C. THE APPLICATION APPENDIX.....	10

**III. FORMS**

REQUEST FOR APPLICATION CHECKLIST AND REQUIRED SEQUENCE .....	12
APPLICATION COVER SHEET .....	13
GRANT AWARD FACE SHEET INSTRUCTIONS.....	14
GRANT AWARD FACE SHEET (FORM A301) .....	15

CERTIFICATION OF ASSURANCE OF COMPLIANCE .....	16
THE PROJECT NARRATIVE .....	19
<b>III. FORMS (cont'd.)</b>	
THE PROJECT BUDGET – BUDGET NARRATIVE .....	20
BUDGET PAGES	
Personal Services – Salaries/Employee Benefits .....	21
Operating Expenses .....	22
Equipment.....	23
THE APPLICATION APPENDIX .....	24
SAMPLE OPERATIONAL AGREEMENT .....	25
PROJECT SERVICE AREA INFORMATION.....	26
PROJECT CONTACT INSTRUCTIONS .....	27
PROJECT CONTACT INFORMATION .....	28
PROJECT SUMMARY INSTRUCTIONS .....	29
PROJECT SUMMARY.....	30
ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS .....	32
ADDITIONAL SIGNATURE AUTHORIZATION .....	33

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**SERIOUS HABITUAL OFFENDER PROGRAM  
REQUEST FOR APPLICATION**

**PART I – INFORMATION**

**A. INTRODUCTION**

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *Grantee Handbook*. However, the *Grantee Handbook* provides helpful information you may wish to consult while developing your application. A copy can be obtained from website, [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grantee Handbook*.

**B. CONTACT INFORMATION**

The primary point of contact for information on the Serious Habitual Offender (SHO) Program is Theresa "Terri" Roy, telephone number (916) 322-9228, fax number (916) 324-9179, email [www.theresa.roy@oes.ca.gov](mailto:www.theresa.roy@oes.ca.gov).

Any questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax or e-mail.

**C. APPLICATION DUE DATE**

To submit an application, applicant must deliver the application to OES **by 5:00 p.m.** on the due date, or mail the application postmarked by the due date.

**The Due Date Is: June 17, 2004.**

Applicant must submit **one original and one copy** of the application to:

Governor's Office of Emergency Services  
Criminal Justice Programs Division  
P.O. Box 419047  
Rancho Cordova, CA 95741-9047  
Attn: SHO RFA – Gang Violence and Counter Drug Procurement Section

**or**

If sending application by **overnight delivery**, submit to:

Governor's Office of Emergency Services  
Criminal Justice Programs Division  
3650 Schriever Avenue  
Mather, CA 95655  
Attn: SHO RFA – Gang Violence and Counter Drug Procurement Section

If the application will be **hand-delivered**, it should be delivered to the Governor's Office of Emergency Services at 1130 K Street, Suite 300, Sacramento. Please note the following: 1130 K Street is located at the southwest corner of the intersection of 12th and K Streets. A Bank of America is located on the first floor of this building. Please note that K Street is a pedestrian mall. Indoor parking structures are located on the east side of 12th Street between K and L Streets (connected to the Hyatt Regency Hotel), and on 10th Street between K and L Streets. Street parking is limited and requires quarters for parking meters. Once you enter the building at 1130 K Street, take the elevator to the third floor and proceed straight down the hall to the Receptionist Office behind the double wooden doors labeled "State of California: Governor's Office of Emergency Services." The application will be date stamped and you may request a receipt.

#### **D. ELIGIBILITY**

Eligibility to receive funding is limited to those agencies awarded Serious Habitual Offender Program (SHO) funding in State Fiscal Year 2003/04.

#### **E. FUNDING CYCLE AND DURATION**

Applicants must budget for approximately a six (6) month funding cycle, beginning July 1, 2004 and ending December 31, 2004. There is a total of \$137,000 of State General Funds available for the SHO Program. There is a 5% match requirement this funding year. Funds must be spent in accordance with OES requirements as outlined in the *Grantee Handbook* and SHO program Guidelines.

#### **F. PROGRAM INFORMATION**

##### **1. Legislative Authority**

Senate Bill 2323, Chapter 1441, Statutes of 1986, amended by Assembly Bill 1464, Chapter 1356, Statutes of 1989, was signed into law by Governor George Deukemejian. This legislation was codified in the California Welfare and Institutions Code, Section 500, et. seq., and provides the legislative authority for the Serious Habitual Offender Program.

##### **2. Program Purpose and Goal**

The program promotes interagency communication and coordination in an effort to identify offenders early in their careers, continually assess their level of activity, aggressively prosecute criminal acts, and intensively supervise juvenile SHOs upon release into the community.

The SHO Program is an information and case management program on the part of law enforcement, probation, prosecution and schools that focus attention on juveniles who repeatedly commit serious crimes. Information on the SHO is gathered and kept current for use by every decision-maker in the system. Agencies must cooperate and communicate to ensure better supervision and treatment of SHOs.

A Serious Habitual Offender, as defined in Section 502 of the Welfare and Institutions Code:

- a. An individual who has been previously adjudged a ward pursuant to Section 602 W&I and described in any of the following paragraphs may be subject of the efforts of the SHO Program:

- 1) Has accumulated five total arrests, three arrests for crimes chargeable as felonies and three arrests within the preceding 12 months.
  - 2) Has accumulated 10 total arrests, two arrests for crimes chargeable as felonies and three arrests within the preceding 12 months.
  - 3) Has been arrested once for three or more burglaries, robberies, or sexual assaults within the preceding 12 months.
  - 4) Has accumulated 10 total arrests, eight or more arrests for misdemeanor crimes of theft, assault, battery, narcotics or controlled substance possession, substance abuse, or use or possession of weapons, and has three arrests within the preceding 12 months.
- b. Arrests for infractions or conduct described in Section 601 W&I shall not be utilized in determining whether an individual meets SHO Program criteria. All arrests used in determining eligibility for project participation that did not result in a sustained petition shall be certified in writing by the prosecutor as having been provable.
- c. In applying the selection criteria set forth above, a project may elect to limit its efforts to persons described in one or more of the four categories described above, or to specified felonies, if crime statistics demonstrate that the persons so identified present a particularly serious problem in the target area, or that the incidence of the felonies so specified, present a particularly serious problem in the target area.

### **3. Program Requirements**

The goal of the SHO Program is to support increased efforts by the juvenile justice system to identify SHOs early in their criminal careers, work cooperatively together to investigate and record their activities, disseminate information to decision-makers, prosecute aggressively through vertical prosecution techniques, sentence them appropriately and intensively supervise SHOs in institutions and upon release into the community.

The SHO agency must demonstrate the ability to coordinate SHO Program activities with other criminal justice and school agencies and accept responsibility for coordinating their efforts as they relate to the program. The following must be included:

#### **a. Interagency Agreement**

The funded SHO agency must update the existing formal written interagency agreement outlining the role of each agency participating in the program. This shall include the duties all agencies will perform. Use of an existing task force or committee with the required representatives is acceptable. The interagency task force must hold regular monthly meetings and must include representatives from the following: local law enforcement, district attorney's offices, probation departments, juvenile courts and school officials. Optional members of the task force may include: juvenile court judges; juvenile corrections officials, California Youth Authority, county administrators, social services, mental health and child protective services. **Please see the sample interagency agreement located in the Application Appendix.**

#### **b. Information and Analysis Unit**

Projects are required to continue having an information gathering and analysis unit responsible for the identification of SHOs as well as dissemination of information about the SHOs to juvenile justice agencies and schools. The SHO Agency will coordinate the exchange of information among all participating agencies.

An information and analysis unit is typically referred to as a Crime Analysis Unit (CAU). The purpose and function of the CAU is to collect, collate, review and disseminate information of interest to law enforcement personnel in a systematic manner. The Unit analyzes crime patterns and modus operandi to identify and arrest perpetrators of crime and match known offenders with ongoing crime patterns/series in the community.

Once a pattern of crime is detected or a known offender is wanted, the CAU prepares and disseminates a bulletin to assist in the apprehension of an individual. This function, commonly used for career criminals, can also be used to gather, analyze, and disseminate information on SHOs activities.

Upon determining SHO status for an individual, the SHO agency should submit the qualifying information to the District Attorney for certification. Once certified, additional data is gathered and maintained on SHOs and a comprehensive packet of information is developed. From this packet, a personal summary of the SHOs history is prepared for distribution to all component agencies. Monthly bulletins are then developed and distributed to track the activities and status of active SHOs.

If the SHO agency is a law enforcement agency, it must have the ability to establish or expand an information and analysis unit capable of gathering, analyzing, and disseminating this information. If the applicant agency is not a law enforcement agency, it must obtain a preliminary written agreement from a Chief/Sheriff of a law enforcement agency in its target area, which has an established CAU capable of gathering, analyzing and disseminating SHO information. The written agreement must be submitted with the proposal for funding, and must clearly state that the necessary law enforcement resources will be made available to the applicant.

## **G. PREPARING AN APPLICATION**

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following five components are required for a complete application:

- Application Cover Sheet,
- Grant Award Face Sheet (Form A301),
- The Project Narrative,
- The Budget Narrative and Project Budget (Forms A303a-c), and
- The Application Appendix.



**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**SERIOUS HABITUAL OFFENDER PROGRAM  
REQUEST FOR APPLICATION**

**PART II – INSTRUCTIONS**

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

Applicant must use the forms provided or computer-generated forms, and plain 8½" x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **Applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

**A. THE PROJECT NARRATIVE**

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

**1. Problem Statement**

Describe the juvenile crime problem in the target area. Include an estimate of the number of juvenile serious habitual offenders in the target area, along with supporting data, and explain how the project will impact this problem. Discuss how the applicant agency identifies and tracks the juvenile serious habitual offenders currently, and what the agency will do to improve upon current efforts if funded. Discuss and describe in detail the geographic boundaries of the target area, as well as the demographics of the population. Identify the law enforcement agencies, schools and school districts in the target area, as well as the number of deputy probation officers and deputy district attorney's assigned to the respective agency's juvenile units.

**2. Plan and Implementation**

Describe the proposed plan to improve the tracking, aggressive prosecution and intensive supervision of the juvenile serious habitual offender. Describe the proposed or existing Crime Analysis Unit (CAU) and how it will interact with juvenile serious habitual offender personnel. Discuss the crime analysis interface with other members of the law enforcement community and schools in the target area. Describe the proposed plan to manage juvenile serious habitual offender information as it relates to all decision-makers.

### 3. Objectives

Funded SHO agencies are responsible for the coordination of all program activities within the target area described and for the achievement of all SHO Program objectives. The SHO Agencies shall also report to OES any project data upon request.

Please respond to the prompts for each objective in narrative form. Indicate the activities necessary to accomplish the objective. Make certain the activities are appropriate and achievable as they relate to each objective. Understand that all activities should be based upon the 6-month grant period and should accurately portray what will be accomplished within the grant period. In addition, each activity should have a measurable outcome. Indicate project staff and their responsibilities with respect to the stated activities. In describing each objective, include how it will be measured.

Please include your objective description at the end of the narrative. Remember to include projections for all objectives when prompted.

***Objective 1: Identify any changes in the established interagency task force within the first 60 days of the grant period and coordinate monthly meetings to develop local policies and procedures regarding the operation of the SHO project and to exchange information about SHOs and other related issues.***

1a. Discuss the design of the interagency task force and the level of interagency coordination, cooperation, proposed members and anticipated accomplishments during the 6-month grant funding period of 7/1/04 – 12/31/04. Include the number of interagency task force meetings to be held during this period.

***Objective 2: Within the first 60 days of the grant period, develop and distribute for signatures, a formal written Interagency Agreement (IA), establishing the roles and the responsibilities of all component agencies participating in the SHO project and secure signatures from all participant agency executives.***

2a. Discuss and identify the roles and responsibilities of all component agencies.

***Objective 3: Identify SHOs and potential SHOs (also known as Is and IIs) according to the established criteria and submit qualifying information to the District Attorney for certification.***

Discuss and describe the methods that will be used to identify juvenile serious habitual offenders. Please complete the following projections for your SHO project for the FY 04/05 funding period:

3a. Projected number of SHOs that will be identified.

3b. Projected number of SHOs that will be certified by the District Attorney.

3c. Projected number of potential Is.

3d. Projected number of potential IIs.

***Objective 4: Compile and maintain SHO packets and summary information; prepare and distribute monthly SHO activity bulletins to authorized agencies.***

Discuss and describe the types of data currently gathered and recorded on juvenile offenders. Discuss and describe the types of data that will be gathered and recorded on SHOs in the target area. Please complete the following projections for your SHO project for the FY 04/05 funding period:

- 4a. Projected number of SHO packets and summary files that will be completed.
- 4b. Projected number of SHO activity bulletins to be distributed monthly.
- 4c. Provide a detailed list of the agencies that will receive SHO activity bulletins.

***Objective 5: Establish or expand an information gathering or analysis unit (crime analysis unit (CAU)) capable of assembling information on active SHOs for apprehension and detention by law enforcement agencies.***

Discuss and describe current crime analysis efforts and the products developed. Discuss and describe proposed methods of gathering, analyzing and disseminating information on SHOs for crime analysis purposes. (If not a law enforcement agency, attach a signed operational agreement to use a law enforcement agency's information and analysis unit.) A sample operational agreement is provided in the Application Appendix of this RFA. Please complete the following projections for your SHO project for the FY 04/05 funding period:

- 5a. Projected number of SHO crime analysis products developed and distributed monthly which link SHOs with crime patterns/series.

***Objective 6: Verify component agencies are following the terms and activities of the interagency agreement in response to each SHO identified.***

Discuss the process and activities the applicant will take to ensure component agencies are complying with the interagency agreement (IA). Please complete the following projections for your SHO project for the FY 04/05 funding period:

- 6a. Projected number of SHOs placed in custody.
- 6b. Projected number of SHOs detained by probation prior to disposition.
- 6c. Projected number of petitions filed on SHOs.
- 6d. Projected number of SHOs vertically prosecuted.
- 6e. Projected number of dispositions on SHOs.
- 6f. Average number of days from arrest to disposition for SHO cases.
- 6g. Average number of days from arrest to disposition for non-SHO cases.
- 6h. Projected number of SHOs attending school.
- 6i. Projected number of crimes, committed on campus by SHOs and potential SHOs, reported to law enforcement.

6j. Date when the court order to authorize records inspection by law enforcement for SHO data collection was obtained.

**Objective 7:** *Within the first 60 days of the grant period, provide a copy of the established written procedure, pursuant to Section 506 of the Welfare and Institutions Code, requiring a check of juvenile criminal history of all adults whose cases are presented to the District Attorney's (DA) office for filing and for consideration by the DA in the charging decision.*

Discuss and describe the current and proposed W&I Code Section 506, and the written procedures that meet the requirements for Objective 7. Please provide the date for that the written procedures were obtained, pursuant to W&I Code Section 506, from the following agencies:

7a. Law-enforcement agency.

7b. District Attorney's office.

#### **4. Continuation of the SHO Project**

Provide an organizational chart of your agency showing the location of the existing SHO project within your agency. Describe any changes in the project staffing, qualifications, training and programmatic responsibility. Describe any changes in the existing working relationships that will facilitate continuation of the project.

### **B. THE PROJECT BUDGET**

The purpose of the Project Budget is to demonstrate how the project will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds, including match funds when applicable. Projects may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable them to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project. The applicant should refer to the *Grantee Handbook* at [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" for additional information concerning OES budget policy or to determine if specific proposed expenses are allowable. Contact the person listed on page 1, subsection B of this RFA if you have additional budget questions.

#### **1. The Budget Narrative**

Applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the application in front of the budget pages. In the narrative describe:

- How the project's proposed budget supports the stated objectives and activities in the project.

- How funds are allocated to minimize administrative costs and support direct services.
- The duties of project-funded staff, including any qualifications or education level necessary for the job assignment.
- How project-funded staff duties and time commitments support the proposed objectives and activities.
- Proposed staff commitment/percentage of time to other efforts, in addition to this project.
- The necessity for subcontracts and any unusual expenditures.
- Mid-year salary range adjustments.

## 2. **Specific Budget Categories**

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits,
- Operating Expenses, and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.

### a. **Personal Services – Salaries/Employee Benefits (Form A303a):**

#### 1) **Salaries**

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding (MOU), contract, or operational agreement (OA), which must be kept on file by the grantee and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a grantee to be operated by another agency, the staff from the second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

## 2) Benefits

Employee benefits must be identified by type and percentage of salaries. Applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

### **b. Operating Expenses (Form A303b):**

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

### **c. Equipment (Form A303c):**

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

## **C. THE APPLICATION APPENDIX**

The Application Appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- Operational Agreements: OAs must be dated and contain original signatures, titles, and agency names for both parties. This document must demonstrate a formal system of networking and coordination with other agencies and the project. Those submitted with the application must be effective for the proposed grant year. For the purpose of this RFA, the terms OA and MOU are synonymous. A sample OA is provided in the Forms section of this RFA.

- Organizational Chart
- Project Service Area Information,
- Project Contact Information,
- Project Summary,
- Additional Signature Authorization.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**SERIOUS HABITUAL OFFENDER PROGRAM  
REQUEST FOR APPLICATION**

**PART III – FORMS**

**CHECKLIST AND REQUIRED SEQUENCE**

This checklist is provided to assist the applicant in ensuring that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET
- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.
- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE – See description under “Part IV: Additional Information, subsection B.2., Finalizing the Grant Award Agreement.”
- ☐ THE PROJECT NARRATIVE
  - Problem Statement
  - Plan and Implementation
- ☐ THE PROJECT BUDGET
  - The Budget Narrative
  - Budget Forms – Forms A303a, A303b, A303c
- ☐ THE APPLICATION APPENDIX
  - Operational Agreements
  - Organizational Chart
  - Project Service Area Information
  - Project Contact Information
  - Project Summary
  - Additional Signature Authorization





**CRIMINAL JUSTICE PROGRAMS DIVISION  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

P.O. BOX 419047  
RANCHO CORDOVA, CA 95741-9047  
**(916) 324-9100**  
FAX: 327-5674



**APPLICATION COVER SHEET**

**RFA PROCESS**

**SERIOUS HABITUAL OFFENDER PROGRAM RFA**

**Deliver to Gang Violence and Counter Drug Procurement Section**

Submitted by:

(Place name, address, and phone number of applicant here.)

## GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**  
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the “grantee.”
2. **Implementing Agency**  
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person’s name, address, and phone number. Include an e-mail address, if you have one.
3. **Project Title**  
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**  
Enter the name, title, mailing address, and telephone number of the individual ultimately responsible for the project. This information must be limited to four lines.
5. **Financial Officer**  
Enter the name, title, mailing address, and telephone number of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to four lines.
6. **Award Number**  
Leave blank (to be completed by OES).
7. **Grant Period**  
Enter beginning and ending dates of funding as specified in the grant application instructions.
8. **Federal Amount**  
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**  
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**  
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**  
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**  
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for Applicant/Grantee**  
Enter the signature, name, title, address, and telephone number of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the language between items 12 and 13 of the Grant Award Face Sheet (Form A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**GRANT AWARD FACE SHEET (FORM A301)**

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

**Administrative Agency (1)** \_\_\_\_\_

hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

**(2) Implementing Agency Name** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Telephone (     )** \_\_\_\_\_

<b>(3) Project Title</b> (60 characters maximum)	<b>(6) Award No.</b>
<b>(4) Project Director</b> (Name, Title, Address, Telephone, E-mail) (five lines maximum)	<b>(7) Grant Period</b>
	<b>(8) Federal Amount</b>
	<b>(9) State Amount</b>
<b>(5) Financial Officer</b> (Name, Title, Address, Telephone, E-Mail) (five lines maximum)	<b>(10) Cash Match</b> <span style="border: 1px solid black; padding: 0 5px;">5%</span>
	<b>(11) In-Kind Match</b> N/A
	<b>(12) Total Project Cost</b>

This grant award consists of this title page, the application for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Grantee Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.

<p style="text-align: center;"><b><u>FOR OES USE ONLY</u></b></p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p><b>(13) Official Authorized to Sign for Applicant/Grant Recipient</b></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Telephone: (     ) _____</p> <p>E-mail address: _____</p> <p>Date: _____</p> <hr/> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <hr/> <p>Fiscal Officer, _____ Date _____</p> <hr/> <p>Executive Director, _____ Date _____</p>
---	--

## CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, \_\_\_\_\_, hereby certify that:  
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: \_\_\_\_\_

IMPLEMENTING AGENCY: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

is responsible for reviewing the *Grantee Handbook*<sup>1</sup> and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

### I. **Equal Employment Opportunity – (*Grantee Handbook Section 2151*)**

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### II. **Drug-Free Workplace Act of 1990 – (*Grantee Handbook Section 2152*)**

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

### III. **California Environmental Quality Act (CEQA) – (*Grantee Handbook Section 2153*)**

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

---

<sup>1</sup>The *Grantee Handbook* can be obtained from [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grantee Handbook*.

**IV. Lobbying – (*Grantee Handbook Section 2154*)**

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

**V. Debarment and Suspension – (*Grantee Handbook Section 2155*)**  
*(This applies to federally funded grants only.)*

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

**VI. Proof of Authority from City Council/Governing Board**

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

**All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.**

### **CERTIFICATION**

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: \_\_\_\_\_

Authorized Official's Typed Name: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Date Executed: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Executed in the City/County of: \_\_\_\_\_

### **AUTHORIZED BY:**

- City/County Financial Officer
- City Manager
- Governing Board Chair

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**THE PROJECT NARRATIVE**  
**GOES HERE**

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

**THE PROJECT BUDGET**  
**THE BUDGET NARRATIVE**  
**GOES HERE**

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.



BUDGET CATEGORY AND LINE ITEM DETAIL	
A. Personal Services – Salaries/Employee Benefits	COST
TOTAL	

Form A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
<b>TOTAL</b>	

Form A303b



## **THE APPLICATION APPENDIX**

**GOES HERE**

See Instructions in Part II of this RFA for details.

## SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) application, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

\* Specifically:

\* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For \_\_\_\_\_

For \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **PROJECT SERVICE AREA INFORMATION**

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the principal office of the project is located.

## **PROJECT CONTACT INSTRUCTIONS**

1. Provide the name, title, address, telephone number, and e-mail address for the person having day-to-day responsibility for the project.
2. Provide the name, title, address, telephone number, and e-mail address for the person to whom the person listed in #1 is accountable.
3. Provide the name, title, address, telephone number, and e-mail address for the Chief Executive of the implementing agency.
4. Provide the name, title, address, telephone number, and e-mail address for the financial officer for the project.
5. Provide the name, title, address, telephone number, and e-mail address for the project director for the project.
6. Provide the name, title, address, telephone number, and e-mail address for the Chair of the Governing Body of the implementing agency.

## PROJECT CONTACT INFORMATION

Applicant: \_\_\_\_\_ Grant Number \_\_\_\_\_  
(FOR OES USE ONLY)

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

3. The **executive director** of a nonprofit organization or the **chief executive officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

4. The **financial officer** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

5. The **project director** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

6. The **chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		



## PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e., Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the application cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

### **PROGRAM SPECIFIC CATEGORIES:**

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Enter the program SHO.
12. **PROGRAM AREA:** Enter Juveniles.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.

## PROJECT SUMMARY

### 1. PROJECT YEAR

New

Year 2

Year 3

Other \_\_\_\_\_

### 2. PROJECT TITLE

### 3. GRANT PERIOD

\_\_\_\_\_ to

\_\_\_\_\_

### 4. APPLICANT

Name:

Phone: (    )

Address:

Fax #: (    )

### 5. FUNDS REQUESTED

\$ \_\_\_\_\_

### 6. IMPLEMENTING AGENCY

Name:

Phone: (    )

Fax #: (    )

Address:

### 7. PROGRAM DESCRIPTION

### 8. PROBLEM STATEMENT

### 9. OBJECTIVES

<b>10. ACTIVITIES</b>	<b>11. CATEGORY</b> — — — —																												
<b>13. EVALUATION</b>	<b>12. PROGRAM AREA</b> — — — —																												
<b>14. NUMBER OF CLIENTS TO BE SERVED</b>  _____																													
<b>15. PROJECTED BUDGET</b>																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d3d3d3;"> <th style="width: 25%;">Personnel Services</th> <th style="width: 25%;">Operating Expenses</th> <th style="width: 25%;">Equipment</th> <th style="width: 25%;">TOTAL</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Personnel Services	Operating Expenses	Equipment	TOTAL																								
Personnel Services	Operating Expenses	Equipment	TOTAL																										
Funds Requested.....																													
Other Grant Funds .....																													
Other Sources (list in-kind, fees, etc.).....																													
_____																													
_____																													
_____																													

## **ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS**

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

Grant Award #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Period: \_\_\_\_\_ to \_\_\_\_\_

The following persons are authorized to sign for:

**Project Director**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

**Financial Officer**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

---

**Approved By:**

Project Director: \_\_\_\_\_

\_\_\_\_\_  
Date

Financial Officer: \_\_\_\_\_

\_\_\_\_\_  
Date

Regional/Local  
Planning Director: \_\_\_\_\_

\_\_\_\_\_  
Date